

10-11-00  
PATENT  
Docket No. RSW9-2000-0107-US1

Express Mail Label No. EL598705235US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S): James R. Kraemer

APPLICATION NO. Not Yet Assigned

FILED: Herewith

TITLE: SYSTEM AND METHOD FOR AUTOMATICALLY  
REBALANCING PORTFOLIOS BY SINGLE RESPONSE

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence, along with any papers indicated as being enclosed, are being deposited as Express Mail, (Label No. EL598705235US), postage prepaid, in an envelope addressed to: Box Patent Application, Commissioner for Patents, Washington, D.C. 20231, on October 10, 2000.

  
Sylvia Prawl

BOX PATENT APPLICATION  
Commissioner for Patents  
Washington, DC 20231

NEW APPLICATION TRANSMITTAL LETTER

Sir:

Enclosed are the following papers relating to the above-named new application for patent:

1. Specification (17 pgs.), claims (4 pgs.) and abstract (1 pg.);
2. Drawings (3 sheets) informal;
3. Declaration and Power of Attorney (executed); and
4. Assignment Recordation Form Cover Sheet (in duplicate) and executed Assignment.

| CLAIMS AS FILED                            |           |           |            |              |
|--|-----------|-----------|------------|--------------|
|  | No. Filed | No. Extra | Rate       | Calculations |
| Total Claims                               | 31- 20 =  | 11        | \$18       | \$198.00     |
| Independent Claims                         | 3 - 3 =   | 0         | \$80       | \$0.00       |
| Multiple Dependent Claim(s), if applicable |           |           | \$260 =    | \$0          |
| Basic Filing Fee                           |           |           |            | \$710.00     |
|  |           |           | Total Fee: | \$908.00     |

U.S. PTO  
09/685398  
10/10/00

Please file the application and charge **International Business Machines (IBM) Account No. 50-0629** the amount of **\$948.00** to cover the filing (\$908.00) and Assignment recordal (\$40.00) fees. Two copies of this letter are enclosed. In the event of non-payment or improper payment of a required fee, the Commissioner is authorized to charge or to credit **Deposit Account No. 50-0629** as required to correct the error.


Please address all correspondence to:

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Respectfully submitted,

10/10/2000  
Date

  
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